



LAKE HAVASU CITY  
**Surepay Authorization Agreement**

**Your Customer Information**

**Billing Info.**

Name(s) (please print) \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**Your City Account**

Auto draft from the following bank accounts

	<u>Customer Number</u>	<u>Checking</u>	<u>Savings</u>	<u>Effective date</u>
<input type="checkbox"/> Airport Account	_____	<input type="checkbox"/> < check one >	<input type="checkbox"/>	_____
<input type="checkbox"/> District 7 Assessment	_____	<input type="checkbox"/> < check one >	<input type="checkbox"/>	_____
<input type="checkbox"/> Employee Benefit Trust	_____	<input type="checkbox"/> < check one >	<input type="checkbox"/>	_____
<input type="checkbox"/> Sewer Loan Account*	_____	<input type="checkbox"/> < check one >	<input type="checkbox"/>	_____
*Property Address: _____				
<input type="checkbox"/> Water-Sewer-Trash**	_____	<input type="checkbox"/> < check one >	<input type="checkbox"/>	_____
**Utility Address: _____				

**Your Bank Account**

	<u>Bank Account Number</u>	
<input type="checkbox"/> Checking Account	_____	<i>Attach a voided check.</i>
<input type="checkbox"/> Savings Account	_____	
<b>Your Bank Info.</b>	Bank Name	_____
	Address	_____
	City, State, Zip	_____
	Branch Telephone No.	_____
	Routing Number	_____ <i>If unknown, call your bank for the number.</i>

**Customer Authorization**

I hereby authorize Lake Havasu City (LHC) to initiate debit/credit entries and adjustments to my bank account as shown above until revoked by me in writing to Lake Havasu City, c/o Customer Service, 2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403-5950. I understand that I must contact LHC concerning bill discrepancies prior to the scheduled draft date. LHC will have 30 days to change my billing.

I understand LHC reserves the right to terminate my participation in the Surepay Plan. I understand that LHC may impose a nominal processing fee if a bill is not paid by my financial institution.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FIN-09, 11/07/06

**PLEASE RETURN THIS SIGNED AGREEMENT TO LAKE HAVASU CITY  
c/o Customer Service, 2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403-5950**